

2007 REAL ESTATE ASSESSMENT REVIEW APPLICATION FORM



Return to:
Loudoun County
Office of the County Assessor, MSC 07
1 Harrison Street, S.E, 5th Floor
PO Box 7000
Leesburg, Virginia 20177-7000
Telephone (703) 777-0267/FAX (703) 771-5234
Email: assessor@loudoun.gov

OCA Use Only:

Appeal Number: _____

Appraiser: _____

PLEASE PROVIDE

Tax Map No: _____

PIN: _____

Group No: _____

MAG District: _____

Site inspection requested: ☐ Yes ☐ No

A SEPARATE APPLICATION MUST BE USED FOR EACH PARCEL

APPLICATION MUST BE SIGNED BY OWNER OF RECORD AS OF JANUARY 1, 2007 OR AUTHORIZED AGENT

APPLICATION MUST BE COMPLETED IN ITS ENTIRETY FOR CONSIDERATION

INCOME AND EXPENSE INFORMATION WILL NOT BE CONSIDERED IF NOT PREVIOUSLY PROVIDED

**APPLICATION MUST BE RECEIVED OR POSTMARKED NO LATER THAN MARCH 16, 2007. PLEASE
DO NOT SUBMIT APPLICATION PRIOR TO THE MAILING OF THE 2007 ASSESSMENT NOTICE.**

PROPERTY TYPE (circle one)

Single Family	Townhouse	Duplex	Residential Condominium
Apartment Building	Industrial	Retail	Shopping Center
Office Building	Res Vacant Land	Com Vacant Land	Other: _____

Owner(s) Name: _____ **Email Address:** _____

Property Address: _____

Mailing Address: _____

Home Phone _____ **Office Phone** _____ **Cell Phone** _____

2007 ASSESSMENT INFORMATION

Land Value \$ _____

Improvement Value \$ _____

Total Value \$ _____

PURCHASE INFORMATION

Date of Sale: _____

Purchase Price: \$ _____

Type of Sale (check one): Market ☐ Distressed ☐

Mortgage/Loan Date: _____

Mortgage/Loan Amount: \$ _____

Mortgage/Loan Interest Rate: _____

Most Recent Appraisal Date: _____

Appraised Value: \$ _____

Appraiser Name: _____

(Provide a copy of the appraisal if it is less than 12 months old and it is the basis of your appeal)

REASON FOR REVIEW (check one):

Market Value: _____ **Equity:** _____

Incorrect Property Data (ie. SQFT): _____

All evidence must be submitted in detail to support any contention checked above.

Your estimate of the fair market value ("To be determined" is not acceptable).

Land \$ _____ **Building \$** _____ **Total \$** _____

Note: If you are **not** the property owner, you must file an annual Letter of Authorization signed by the owner. The Letter of Authorization can be found on the Assessor's Website. Signatures must be notarized. Income and expense information will not be considered if it was not previously provided via the Loudoun County Income and Expense Survey when requested per the Code of Virginia, 58.1 - 3294.

(Fill in all appropriate fields below based on the type of property.)

SUBJECT PROPERTY (above grade)		Exterior Square Foot Measurement: _____	
Year Built _____	Number of finished rooms _____	Number of bedrooms _____	
Total number of full baths _____	Total number of half baths _____	Number of elevators _____	
Number of fireplaces _____	Number of chimneys _____	Central Air: Yes ___ No ___	
Garage (# of Cars) _____	Car Port (# of Cars) _____	Other: _____	
Check all that apply: Public Water ___ Public Sewer ___ Natural Gas ___ Septic ___ Well ___			
SUBJECT PROPERTY (basement)		Exterior Square Foot Measurement: _____	
Total number of finished rooms _____	Finished Living Area _____	Unfinished Area _____	
Total number of unfinished rooms _____	Total number of full baths _____	Total number of half baths _____	
ADDITIONAL COMMERCIAL DATA:		Gross Building Area: _____	
Gross Rentable Area: _____		Please provide a copy of your leasing plan.	

MARKET COMPARABLES				Sale	Living	Sale
Comp	Property Address	Yr Built	# Stories	Date	Area	Price
1						\$
2						\$
3						\$

EQUITY COMPARABLES				Number	Number	Living
Comp	Property Address	Yr Built	# Stories	Bedrooms	Bathrooms	Area
1						
2						
3						

Applicant Remarks: _____

I certify that the descriptions and statements contained in this application are true and accurate. If represented by an agent, the owner(s) agree with the opinions put forth in this application. All evidence has been submitted with this application for consideration.		
Date _____	Owner(s) Name (Print) _____	Signature _____
Date _____	Agent Name (Print) _____	Signature _____
Agent Mailing Address: _____		
Agent Phone Number: _____ Cell Phone: _____		
Agent Email address: _____		

(An annual Letter of Authorization is required if the property owner is represented by an agent.)

OFFICE OF THE COUNTY ASSESSOR USE ONLY

Dates Owner Contacted: _____

Appraiser Remarks:

Action Taken (check one)	2007 Assessment		Revised Assessment
Lowered _____	\$ _____	Land	\$ _____
Increased _____	\$ _____	Imprvt	\$ _____
Confirmed _____	\$ _____	Total	\$ _____

Appraiser Name (Print)	Appraiser Signature	Date
Supervisor Name (Print)	Supervisor Signature	Date
Date submitted for data entry _____		